

ROSE ROOM PERMIT APPLICATION

1. Date_____
2. Name or Organization_____
3. Who to contact_____ Phone No._____
Mailing address:_____
Address State Zip
4. When do you wish to use the room?
Date_____ Hours_____ Until_____.
5. For what purpose will the building be used?_____

6. Total number of persons attending?_____
7. Is your organization required to report the number of low and moderate income households or persons assisted to any governmental agency?_____
8. Will you be using kitchen facilities?_____

The KEY for the Rose Room must be picked at City Hall during office hours, 8:30 am – 4:30 pm – 15535 Main Street NE. A \$75.00 Key Deposit will be charged. A refund will be issued upon return of the key and after payment for use of the Rose Room is received. If you have any questions please call the City Clerk's office at 425-788-1185.

FOR OFFICE USE ONLY DO NOT WRITE BELOW THIS SPACE

Security Deposit

Deposit made in the name of_____

Hourly Rate_____ Nominal Rate_____ Market Rate_____

Number of hours

Received by_____ Date_____